

Corvallis Police Department

Financial Crime Report

THE INFORMATION REQUESTED ON THIS FORM IS REQUIRED FOR CRIMINAL PROSECUTION

This report must be filled out completely and submitted to the Investigations Division **within 60 Days** of the reported incident, for processing either in person or by mail. If you have any questions regarding this form or its contents, please contact the Corvallis Police Department Investigations Division at (541) 766-6975.

Please read the following instructions:

1. Please type or print clearly. Fill in each block of this form completely as requested. If this form is not filled out completely, this case will not be assigned and the form will be returned for completion. Please use one report form per incident / document.
2. Attach **all original documents** to this report when submitting. If originals are not attached, a case number will not be assigned and this form will be returned.
3. If there are any Bank, ATM, or Store photos or videotapes of the suspect involved in this incident, they **MUST** be submitted with this report as evidence. Failure to submit such evidence will result in your case not being investigated.
4. **A full written statement covering the details of this incident** from the person who accepted the questioned document is required and **MUST** also be attached with this report.
5. **"Operation Thumbprint"** is designed to deter identity theft, check fraud and credit fraud. It applies to all forms of legal and negotiable financial instruments used to conduct person-to-person business. Your participation is voluntary, although obtaining a thumbprint will provide an additional tool to prevent fraud and assist law enforcement in identifying fraud suspects. If you have obtained a thumbprint, it is **"mandatory"** you provide the witness information of who obtained the thumbprint. If you fail to do so it could make the thumbprint useless in a court of law. Place the thumbprint on the front portion of the check if there is space for it. If not, place the thumbprint on the back. For credit card transactions place the thumbprint on the **"merchant's"** copy of the transaction. All other forms place the thumbprint where space allows.
6. If mailing in your report, please mail to:
Corvallis Police Department
Attn: Check Fraud
P.O. Box 1083
Corvallis, OR 97339-1083

CORVALLIS POLICE DEPARTMENT'S ACCEPTANCE CRITERIA

We will accept ALL forged and counterfeit checks, forged, re-embossed, re-encoded and counterfeit credit card cases, as well as credit card fraud cases that occur within the jurisdiction of the Corvallis Police Department.

THE FOLLOWING ITEMS WILL NOT BE ACCEPTED FOR INVESTIGATION BY THIS UNIT:

1. **Any** post dated checks, two-party checks, or checks that have been returned as "Stop Payment" unless intent to defraud at the time of the check was issued can be shown.
2. **Any** out of state or out of country checks.
3. **Any** checks in which any type of restitution or payment has been received by the victim.
4. **ANY** account closed or non-sufficient funds checks, which have not been reported to the police using the attached form, **within 60 Days** of the acceptance of the item(s).
5. Lacks pre-printed account holder information.
6. Issued as payment on an account or for a loan.
7. Issued by one business to another for goods received on account.

IN ADDITION:

1. The person accepting the check **must** have verified the check writer's identity with photo I.D. and documented the I.D. number on the face of the check along with the expiration date and the employee's initials.
2. A certified letter **must** be sent demanding payment in full advising the account holder that you will be contacting the police department for enforcement action.

Individual checks with a value of less than \$400 or an aggregate of checks with a value of less than \$400 will not be assigned to an investigator and will not be immediately investigated. These checks will be accepted and tracked until there is an aggregate value of

\$400 or more negotiated by the same suspect or suspects. Checks with an individual value of \$400 or more or an aggregate value of \$400 or more will be assigned to an investigator and investigated as time permits.

HOW TO COMPLETE THE FINANCIAL CRIME REPORT

The below information will be helpful in completing this form. The acceptor of the questioned document (CHECK, CREDIT CARD, etc.) should complete it. Most of the blocks are numbered, starting with #1 and ending with #36. These instructions are intended to assist you in filling out this form with the proper information, which is needed and required by the Corvallis Police Department in order for us to conduct a CRIMINAL INVESTIGATION into this matter. If you have any questions, please contact the Corvallis Police Department Investigations Section at 541-766-6975

BLOCK	# INSTRUCTIONS
1	What type of item are you submitting for investigation?
2	Explain why the item was returned to you, such as a "Forgery", "Counterfeit", "Forged", "Stolen/Forged" "Altered" "Fraud Charge"
3 - 6	Self explanatory
7	This is the time the check, credit card or other document was passed or used.
8	How much money was lost, what was purchased, was any money returned after purchase to the suspect.
9	This is the location where the check, credit card or other document(s) were actually passed, used or presented.
10 - 17	Self Explanatory
18	If the true account holder (check or credit card) was contacted, who contacted them and when were they contacted by that person (Date and Time)? Also, give a statement as to what the true account holder said.
19	Who suffered loss of the actual money; the bank, a business, or a person? It can only be one of these.
20 – 21	Self Explanatory
22	A contact at a business or company, who can we talk with later for any further information or other documents.
23	This is the person who actually accepted the bad check, credit card or other document. List the full name(s).
24 - 28	Self Explanatory
29	This will be the acceptor's opinion. The answer will be "Yes", "No" or "Possibly" only.
30	Do not list name of suspect unless the acceptor knows who the person is. Do not list the suspect as the name that appears on the check, credit card or other documents. If the true name of the suspect is unknown list "unknown".
31	Do not list address of suspect unless the acceptor knows where the suspect lives. Do not list the address that appears on the check or other document as the suspect's address.
32	Have the acceptor describe the suspect as best they can: hat, jacket, shirt type and color, pants type and color, etc.
33	Was any I.D. used by suspect during this transaction, if so what type and were there any Identifying numbers on that I.D., such as driver license number, employee I.D. number, social security number, etc. If a copy of the I.D. was taken, submit original copy of I.D. with this report.
34	Did anyone see a vehicle that the suspect may have left in? If so please list vehicle description.
35	Self Explanatory
36	Operation Thumbprint information. Mandatory if a print was obtained.
37	Please write a brief statement as to what happened during the reported incident. List any other persons who may have witnessed the incident/transaction. Please give full names, also list if suspect was alone or with another person. If they were with another person, please describe that person and what they were doing. Also list names if known.

Corvallis Police Department

Financial Crime Report

GENERAL INFORMATION

#1 Type of item in question (check, credit card, money order, etc.)

2 Reason why item was returned or not honored.

#3 Was check post dated?

☐ Yes ☐ No

4 Was check pre-dated?

☐ Yes ☐ No

#5 Any agreement to hold check or charge?

☐ Yes ☐ No

#6 Has any payment been received from suspect regarding this loss?

☐ Yes ☐ No

#7 Date and Time check, credit card, document was presented.

8 Cash Loss, Items purchased, and/or amount of cash returned:

9 Street address where check, credit card or other document was accepted.

DOCUMENT INFORMATION

(The item that was passed)

#10 Check number/or credit card transaction number:

#11 Bank or Credit card issuer:

#12 Checking or Credit card account number:

13 Bank branch (checks only):

ACCOUNT HOLDER'S INFORMATION

(True account holder's information must be obtained from bank or credit card company:)

14 Name:

15 Address:

16 Home phone number:

#17 Work phone number:

#18 Was true account holder contacted by victim? (If yes, please give details in comments/information section of this report):

If Yes: Date:

Time:

By Whom:

CASH LOSS VICTIM

(Company or person who will suffer the monetary loss)

#19 Victim's Name (A victim can be a financial institution, a Business, or a Person, but only one):

20 Victim's Address:

21 Victim's Phone Number:

22 Cash loss victim's Point of Contact: (If a financial institution or business only, this is a person we can call and talk with about this incident.)

Name:

Title:

Phone number:

ACCEPTOR INFORMATION: (Person who handled transaction. All blocks must be filled in)			
# 23 Name:		# 24 Home Address:	
# 25 Home Phone Number:		# 26 Work Phone Number:	
# 27 Date of Birth:	# 28 Social Security #:	# 29 Can Acceptor ID suspect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly	
SUSPECT INFORMATION (The person(s) who passed the document. What did they look like as seen by the acceptor of the item?)			
# 30 Suspect's Name (if known):		# 31 Suspect's Address (if known):	
Race: _____	Sex: _____	Age: _____	Height: _____
Weight: _____	Hair color: _____	Eye color: _____	Misc: _____
# 32 Clothing description:		#33 What type of ID if any was used by suspect: Type: _____ Number: _____ Was ID card physically verified by employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# 34 Vehicle Information:		# 35 Suspect's Phone Number if known:	
Witness who obtained thumbprint. This is mandatory information.			
# 36 Name:		Work Address:	
Home Address:		Work Phone:	
		Digit Obtained: Right Thumb <input type="checkbox"/>	
Home Phone :		Other: Please identify	
# 37 Comments/Additional Information (Please give all statements in detail. Use additional sheets of paper if necessary.) _____ _____ _____ _____ _____ _____			

I am aware that it is unlawful to make a false report of a crime to a peace officer. I am willing to sign a criminal complaint against this party/suspect involved in this case. I affirm that all the above information is true and correct to the best of my knowledge.

Print Name

Signature

Date report submitted to police: _____ Daytime phone number: _____